

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
SWORN STATEMENT OR AFFIRMATION
FOR ADULT FACILITY EMPLOYEES

To the Applicant:

Section 63.2-1720 of the Code of Virginia requires that any person desiring work at a licensed assisted living facility or licensed adult day care center provide the hiring facility or center with a sworn disclosure statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed assisted living facilities and licensed adult day care centers from hiring any individuals convicted of a barrier crime (specified below). However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired if five years has elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty of a Class 1 misdemeanor.

Further dissemination of the information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

1. _____
Last Name First Middle Maiden Social Security Number

Street/P.O. Box City State Zip Code

2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? ____ yes ____ no

If yes, List all and explain. _____

3. Are you the subject of any pending criminal charges? ____ yes ____ no. If yes, please explain.

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicant's Signature _____ Date: _____

NOTE TO LICENSEE: This form must be retained for all compensated employees.